



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 136831		2. Name of Corporation AMERICAN SHREDDING, INC.			
3. Street Address Principal Business Office 82 ROLLING HILLS DRIVE			City EXETER	State RI	Zip 02822
4. Business Phone No. 401-228-8494		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ROBERT DECOSTA			Vice President Name LIANNE DIMAIO		
Street Address SWEETBRIAR ROAD			Street Address 50 PRESTON DRIVE		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
Secretary Name BARBARA FERRARO			Treasurer Name CHRISTOPHER FERRARO		
Street Address 50 THUNDER TRAIL			Street Address 50 THUNDER TRAIL		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name PETER PERSECHINO			Director Name DAVID DIMAIO		
Street Address 82 ROLLING HILLS DRIVE			Street Address 50 PRESTON DRIVE		
City EXETER	State RI	Zip 02822	City CRANSTON	State RI	Zip 02921
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐ AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐ ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000	N: PARE		1000	N: PAR	

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date	<u>2-19-09</u>
Check No.	<u>1294</u>
By:	<u>MNC</u>
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature <u>PETER PERSECHINO</u>	Date
Print or Type Name PETER PERSECHINO	
Title DIRECTOR	